

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUL -2 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021631

1. Corporation Name

Beacon Direct mail Company, Inc.

2. Principal Office Address

2613 OAKBROOK DRIVE

Suite, Apt. #, etc.

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City & State

Weston, FL

Zip

33332

Country

Broward

3. Mailing Office Address

2613 OAKBROOK DRIVE

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33332

Country

Broward

4. Date incorporated or Qualified
To Do Business in Florida

3/6/98

5. FEI Number

650818653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fernando SAMA

200006274952--6

Street Address (P.O. Box Number is Not Acceptable)

2613 OAKBROOK DRIVE

-07/09/02--0103--024

***300.00 ***300.00

Suite, Apt. #, Etc.

City

Ht land, FL, 33332

State

FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Fernando SAMA Resident

Date

7-1-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Fernando SAMA	2613 OAKBROOK DRIVE	Ht land, FL 33332
D	SAMUEL MUSCHELLA	7372 PINELAKE DR S	MARGATE FL 33063
D	GEORGE SELMONS	200 NE 60 ST	Ht land FL 33308

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Fernando SAMA Resident

Date

7-1-02 365778003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

7/18/02